

Employment Eligibility Verification
US Citizenship and Immigration Services
(USCIS)

www.uscis.gov/I-9



## Agenda

- Sample Completed Forms
- The One Day And Three Day Rule
- Who Should Sign The I-9
- How To Complete The Form For Foreign Nationals
- Penalties For Prohibited Practices
- Common Errors
- How To Avoid Harassment and Discrimination Penalties in an USCIS Audit

#### **Employment Eligibility Verification**

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Inform	nation and Verification. To	o be completed and signed by	employee at the time employm	ent begins.
Print Name: Last	First	Middle In	itial Maiden Name	
Address (Street Name and Number)	)	Apt. #	Date of Birth (month)	day/year)
City	State	Zip Code	Social Security #	
am aware that federal law	provides for	I attest, under penalty of	perjury, that I am (check one c	f the following):
imprisonment and/or fines f	and the second s		onal of the United States	
use of false documents in o	connection with the		nent Resident (Alien # A ized to work until//	
completion of this form.		(Alien # or Adn		
Employee's Signature		truen a or real	Date (month/day/yea	7)
other than the employee.	anslator Certification.  and I attest, under penalty of perjude information is true and correct	ury, that I have assisted in the	f Section 1 is prepared by a pe completion of this form and th	
Preparer's/Translator's S	ignature	Print Name		
Address (Street Name an	nd Number, City, State, Zip Code	e)	Date (month/day/yea	()
ocument(s) List A	OR	List B	AND Lis	et C
Document title:			-	
ssuing authority:			-	
Ocument #:	_		-	
Expiration Date (if any):/_		_/	_/_/_	
Ocument #:	1			
Expiration Date (if any):/_	_/_			
ERTIFICATION - I attest, unde imployee, that the above-lister properties to the control of the control of eligible to work in the United imployment.) in input of Employer or Authorized	d document(s) appear to be n (month/day/year)/ States. (State employment	genuine and to relate to th / and that to the best agencies may omit the dat	e employee named, that th of my knowledge the emp	е
· · · · · · · · · · · · · · · · · · ·				
Business or Organization Name	Address (Street Name a	nd Number, City, State, Zip Co	ode) Date (month/day/ye	ar)
Section 3. Updating and Re	verification. To be completed	d and signed by employer.	,	
. New Name <i>(if applicable)</i>			B. Date of rehire (month/day/y	ear) (if applicable)
. If employee's previous grant of we eligibility.	vork authorization has expired, p	provide the information below f	or the document that establish	s current employme
Document Title:	Document #:	Expiration Da	te (if any):/	
attest, under penalty of perjury, tha			in the United States, and if the	employee presented
ocument(s), the document(s) I have		and to relate to the individual.	D-4- (4-// /	- A
Signature of Employer or Authorized	1 Representative		Date (month/day/yea	17)



#### LISTS OF ACCEPTABLE DOCUMENTS

LIST A

#### Documents that Establish Both Identity and Employment Bigibility

- U.S. Passport (unexpired or expired)
- 2. Certificate of U.S. Citizenship (INS Form N 560 or N 561)
- Certificate of Naturalization (INS Form N 550 or N 570)
- Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization
- Alien Registration Receipt Card with photograph (INS Form 1151 or I-551)
- 6. Unexpired Temporary Card (INS Form I-688)
- 7. Unexpired Employment Authorization Card (INS Form I-688A)
- 8. Unexpired Reentry Permit (INS Form 1.327)
- Unexpired Refugee Travel Document (INS Form I 571)
- Unexpired Employment
   Authorization Document issued
   by the INS which contains a
   photograph (INS Form I-688B)

and I-766

LIST B

#### Documents that Establish Identity

OR

- Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address
- ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address
- School ID card with a photograph
- 4. Voter's registration card
- 5. U.S. Military card or draft record
- 6. Military dependent's ID card
- U.S. Coast Guard Merchant Mariner Card
- 8. Native American tribal document
- Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

- 10. School record or report card
- 11. Clinic, doctor or hospital record
- Day-care or nursery school record

LIST C

#### Documents that Establish Employment Eligibility

AND

- U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
- 2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
- Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
- 4. Native American tribal document
- **5.** U.S. Citizen ID Card (INS Form 1-197)
- **6.** ID Card for use of Resident Citizen in the United States (INS Form I-179)
- Unexpired employment authorization document issued by the INS (other then those listed under List A)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

#### **Employment Eligibility Verification**

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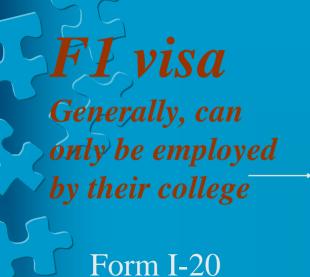
maintana commer et a facaro expirac	ion date may als	o constitute mega	u discinini	iddoll.
Section 1. Employee Information and	Verification, To	be completed and signe	ed by employ	ee at the time employment begins
Print Name: Last	First		idle Initial	Maiden Name
EXAMPLE	1 - 0	ITIZEN		That do not have a second and a second a second and a second a second and a second a second and a second and a second and
Address (Street Name and Number)		Apt	#	Date of Birth (month/day/year)
201 FRONTIER	Rd	ripe		Date of Birth (month/day/year)
City	State	Zip	Code	06/15/1969 Social Security #
Blackshurg	VA	240	100	123-45-6789
am aware that federal law provides	for		Maria de la companya della companya	, that I am (check one of the following):
mprisonment and/or fines for false st		A citizen o	or national of	the United States
se of false documents in connection				Resident (Alien # A
ompletion of this form.				work until/_/_
mplausa's Signatura		(Allen # or	r Admission	#) Date (month/day/year)
inproyee's signature U.S. City	zen			8/16/00
Preparer and/or Translator Co		To be completed and sig	ned if Section	on 1 is prepared by a person
other than the employee.) I attest, un	ider penalty of perjury	y, that I have assisted in	n the comple	tion of this form and that to the
best of my knowledge the information	n is true and correct.			
Preparer's/Translator's Signature		Print Name		
Address (Street Name and Number, C	ity, State, Zip Code)	GO BOOK TO SEE		Date (month/day/year)
mine one document from List B and one from L nument(s) List A				
LIST A	OR	List B	AND	/ -
cument title:	100	's Licens		Social Security CART
uing authority:	Virgini	A DMV		Social Socurity Admin.
		-45-6789		123-45-6789
cument #:	100		-	103-73-6101
Expiration Date (if any)://	06,30	2000		_/_/_
cument #:				
Expiration Date (if any)://				
RTIFICATION - I attest, under penalty of	perjury, that I hav	e examined the docu	ument(s) pr	resented by the above-named
ployee, that the above-listed document(	s) appear to be ge	nuine and to relate t	o the empl	ovee named, that the
ployee began employment on <i>(month/di</i>	av/vear) OK I / G C	and that to the b	pest of my	knowledge the employee
ligible to work in the United States. (States)	ite employment ag	encies may omit the	date the e	mployee began
nature of Employer or Authorized Representati	ve Print Name			Title
mulla_		THA MUL	1 CAL	TAX SPECIALIST
iness or Organization Name Addre		Number, City, State, Zi		Date (month/day/year)
		1 Southgate		
Tech Controller's o		cksburg, VH		8/16/00
ction 3. Updating and Reverification			41-00	Commission of Spallsungs of the
lew Name (if applicable)		a signed by employer.	12.2	
in italia (ii applicable)			B. Date	of rehire (month/day/year) (if applicable)
employee's previous grapt of work authorizate	tion has avaled	dela the information to t		
employee's previous grant of work authorizat	ion has expired, prov	ide the information belo	ow for the de	ocument that establishes current employment
Document Title:	Document #:	Evpleation	Date (if and	A
				y)://
est, under penalty of perjury, that to the best o iment(s), the document(s) I have examined app	r my knowledge, this ear to be genuine and	employee is eligible to v	work in the U	Jnited States, and if the employee presented
ature of Employer or Authorized Representative	/e	to relate to the individu	udi.	Date (month/day/year)
,,				Date (monunday/year)

## Who can you employ?

- Citizens of the U.S. including persons born in Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands.
- Nationals of the U.S. including persons born in American Samoa or Swains Island.
- Lawful Permanent Residents LPR will have a LPR ,
   Resident Alien, or Alien Card.
  - Employment Authorization Card holders (beware of restrictions under terms and conditions).
  - Certain non US citizens that have specific authorization to work at **your company**.

## Colleges and Universities can hire:

- F-1 Students, J-1 Students and J-1 Non-students that are enrolled or sponsored by their university.
- Students can work a maximum of 20 hrs per week when school is in session. No maximum during school breaks and vacations so long as enrolled for the next term.
- During academic year, students must be enrolled fulltime
- Be sure you are hiring the student and NOT the F2 or J2 dependent. The forms are very similar, see examples.
  - Check I-20 or DS-2019 to be sure the sponsoring school is listed as your school. If not, they MUST have PRIOR written permission from their sponsor to work at your school.
- Check I-20 or DS-2019 for begin and end dates.



TIS	Department	of Just

Immigration and Naturalization Service

Certificate of Eligibility for Nonimmigrant (F-1) Student

Status - For Academic and Language Students (OMB NO. 1115-0051)

ease read Instructions on Page 2 its page must be completed and signed in the U.S. by a des	ignated school official.			SEVIS
Family Name (surname):		For Immig	ration Official User	Student's Copy NO 0 0 0 4 0 6 2 4 2
First (given) Name: Middle Na	me:	11		
Country of birth: KOREA, SOUTH	Date of birth(mo/day/year): 03/27/1972	1		04207640760
Country of citizenship: KORBA, SOUTH	Admission number:	]		
School (School district) name: Virginia Polytechnic Institute and State Graduate School	University			
School Official to be notified of student's arrival in U.S.(Naz Zelma Harris Immigration Advisor	ne and Title):	Visa issuing post	Date Visa Issued	
School address (include zip code): Graduate School 0325 Sandy Hall Blacksburg, VA 24061 School code (including 3-digit suffix, if any) and approval d MAS214F01228001	ate: ed on _01/07/2003			
This certificate is issued to the student named above Continued attendance at this school.  Level of education the student is pursuing or will put	for:	Reinstated, extension	on granted to:	
The student named above has been accepted for a fix school, majoring in Hospitality Administrat: The student is expected to report to the school no la and complete studies not later than study is 60 months.  English proficiency:	Lon/Management, ter than 08/16/2002 The normal length of	means of suppo months (Use the a. Student's p b. Funds from Specify typ c. Funds from	rt, estimated for an aca c same number of mont personal funds n this school pe: n another source	
This school requires English profician: The student has the required English profice.	10.663.00 7.200.00	d. On-campu	ne: family s employment Total	\$ 0.00
School Certification: I certify under penalty of perj and is true and correct; I executed this form in the L the student's application, transcripts, or other recorreccution of this form; the school has determined the will be required to pursue a full course of study as of to issue this form.  Zelma Harria	Inited States after review a ds of courses taken and pro- tat the above named studen defined by 8 CFR 214.2(f)(	nd evaluation in the U of of financial respon- it's qualifications mee	Inited States by me or of sibility, which were rec t all standards for admi official of the above na	other officials of the school of beived at the school prior to the ission to the school; the student
Name of School Official Signature of Designated	School Official Titl	e	Date Issued	Place Issued (city and state)
<ul> <li>Student Certification: I have read and agreed to corpage 2. I certify that all information provided on the seek to enter or remain in the United States temporation. I also authorize the named school to release amy nonimmigrant status.</li> </ul> Name of Student	is form refers specifically rily, and solely for the pur uny information from my r	to me and is true and o pose of pursuing a ful	correct to the best of my l course of study at the	knowledge. I certify that I school named on page 1 of this
Name of parent or guardian Signature o	f parent or guardian	Address (city)	(State or Province) (Co	ountry) (Date)
Form 1-20 A-B (Rev. 94-27-88)N			For Of Microfilm Index Number	Micial Use Only

## F2 VISA

# Can not be employed

U.S. Department of Justice Immigration and Naturalization Service

Name of parent or guardian

Form I-20 A-B (Rev. 04-27-88)N

If student under 18

Signature of parent or guardian

Certificate of Eligibility for Nonimmigrant (F-1) Student
Status - For Academic and Language Students (OMB NO. 1115-0051)

unily Name (surname):						
		Dependent's Fai	nily Name (surname):			Dependent's Copy N0000405468
rst (given) Name: Middl	e Name:	Dependent's Firs	t (given) Name:	Dependent's Mi	ddle Name:	
ountry of birth; HINA	Date of birth(mo/day/year) 09/16/1973	Dependent's Cou	intry of birth:	DOB(mo 05/04	o/day/year) /1973	wice the same
ountry of citizenship:	Admission number:	Dependent's Cou	intry of Citizenship:	Admissi	on number:	
hool (School district) name: irginia Polyteohnic Institute raduate School hool Official to be notified of student's arriv ocelyn Navarro tudent Services Assistant		ty	For Immigration	on Official User		
hool address (include zip code): caduate School 0325 andy Hall lacksburg, VA 24061 hool code (including 3-digit suffix, if any) a			Visa issuing post	Date Visa Issue	ed	
AS214F01228001  This certificate is issued to the student is use by dependents for enterin  Level of education the student is pursuident i	g United States.		Reinstated, extension gr	anted to:		
The student named above has been acceptool, majoring in Entomology The student is expected to report to the ind complete studies not later than 05, tudy is 60 months.  English proficiency: This school requires English the student has the required it.	school no later than 08/2/15/2006 . The norm	18/2001 nal length of	This school has info means of support, es months (Use the san a. Student's perso b. Funds from this Specify type: _2 c. Funds from an Specify type: _d. On-campus em	stimated for an me number of m mal funds s school assistantshi	academic ternonths given \$ \$	rm of 9 in item 7). 4,301.00 20,699.00
his school estimates the student's aver 9 (up to 12) months to be:  Tuition and fees Living expenses Expenses of dependents (1 ) Other (specify): Miss. Total	\$10 \$7 \$4 \$1	,663.00 9 ,200.00	. Remarks:	<b>Fotal</b>	s	25,000.00
chool Certification: I certify under per nd is true and correct; I executed this fa ne student's application, transcripts, or xecution of this form; the school has de visible be required to pursue a full course of pissue this form.	orm in the United States a other records of courses to etermined that the above n	fter review and on the sken and proof of the amed student's of FR 214.2(f)(6); I	valuation in the United f financial responsibilit qualifications meet all s	States by me or y, which were standards for ac al of the above	or other office received at the dmission to the named school	cials of the school the school prior to the school; the stud
tudent Certification: I have read and a age 2. I certify that all information pro sek to enter or remain in the United Sta	vided on this form refers tes temporarily, and solely	terms and condit specifically to m y for the purpose	e and is true and correct of pursuing a full cour	Date Issued and those of any t to the best of se of study at t	Place I extension of my knowled the school na	ssued (city and state) of stay as specified dge. I certify that I amed on page 1 of
orm. I also authorize the named school by nonimmigrant status.						

Address (city)

(State or Province) (Country)

Microfilm Index Number

For Official Use Only



Generally, can only be employed by their college

Form DS-2019

U.S. Department of State



#### CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS

OMB APPROVAL NO.1405-0119 EXPIRES: 02-28-2005

ESTIMATED BURDEN TIME: 45 min

Family Name:	First Name:		Middie Name:		Gender: FEMALE	N0000214656
te of Birth (mm-dd-yyyy): City of Birth: 2-02-1977 Fethiya/Muola	Country of Birth:	URKEY	Citizenship Country Code:	Citizenship Country: TURKEY		J-1
gal Permanent Residence Country Code: Legal Perma U TURKEY Address: Virginia Tech Blacksburg, VA 24061		Position Code: 213		ACHING STAFF IN	CLUDING	220,200
Program Sponsor: irginia Polytechnic Institute	and State Unive	ersity		Exchange Visitor Progra P-1-000	m Number: 71	
ticipating Program Official Description: ROFESSOR; RESEARCH SCHOLAR; SE OCTORATE; STUDENT MASTERS; STU	ORT-TERM SCHOL	AR; STUDENT ASSO	CIATE; STUDENT	BACHBLORS; STU	DENT	
pose of this form: Begin new program;	accompanied by	number (0) of i	mmediate family	members.		Artista de
Form Covers Period:	4. Exchange Visitor Cate SHORT-TERM S					
om (mm-dd-yyyy): 04-01-2003 (mm-dd-yyyy): 07-01-2003	Subject/Field Code: 40.0501	Subject/Field Code Descr Chemistry, Ge				
During the period covered by this form, the total estimaturement Program Sponsor funds : \$5,000.00 otal : \$5,000.00		5) is to be provided to the o	xchange visitor by:			
U.S. DEPARTMENT OF THE TINS USE OR CERTIFICES OF CERTIFICES OF THE TRANSPORT OF THE TRANSPO	FICATION BY COPY OF THIS TMENT OF STATE	Ruth Athanson			Alter	
APR X 1 2003		Graduate School Blacksburg, VA		rm		Title 540-231-9561
\i /	-		consible Officer or Alternate R	Lesponsible Officer		Telephone Number
CLASS UNTIL		Signature of Res	ponsible Officer or Alternate I			03-19-2003 Date (mm-dd-yyyy)
Statement of Responsible Officer for Releasing Sponsor Effective date (mm-dd-yyyy):	, Transfer of this exchange	ge visitor from program numb	жг	sponsored		
o the program specified in item 2 is necessary or highly de-	irable and is in conformity w	ith the objectives of the Mutua	J Educational and Cultural Ex-	change Act of 1961, as amen	ded.	
Signature of Responsible Officer or Alternat	e Responsible Officer				Date (mm-dd-yyyy	of Signature
ELIMINARY ENDORSEMENT OF CONSULAR OR I MIGRATION AND NATIONALITY ACT AND PL 94	MMIGRATION OFFICER	R REGARDING SECTION 2 icom 1(a) oj page 2).	12(e) OF THE		LIDATION BY R faximum validation pe	ESPONSIBLE OFFICER riod is one year*)
Exchange Visitor in the above program:  Not subject to the two-year residence requirement.  Subject to two-year residence requirement based of		USAID PARTICIPANTS G- CLANS SPONSORED BY P-	2-4263 AND ALL ALIEN	Scholars and four m	um validation period is sonths for Camp Count or is in good standing a	s up to six months for Short-term selors and Summer Travel/Work. at the present time
Government financing and/or     B. The Exchange Visitor Skills List and/or	William Assessment	O-YEAR HOME RESIDE	ENCE REQUIREMENT)		Date (mm-d	(d-yyyy)
C. PL 94-484 as amended		) <u>E</u>			Responsible Officer of is in good standing a	r Alternate Responsible Officer at the present time
Signature of Cogultator Immigration THE U. S. DEFARTMENT OF STATE RESERVI	Officer	3 2 5	Title 5 03  Its (mm-dd-yyyy)  N REGARDING 212 (d)	Signature of B	Date (mm-d	ld-yyyy)  Alternate Responsible Officer
EXCHANGE VISITOR CERTIFICATION: I h				Signature of R	one of the or	
					05	-07-2002
Signistere of Applicant			Place			-0.3-2003

Can not work

unless has card

U.S. Department of State

OMB APPROVAL NO 1405-0119 EXPIRES: 02-28-2005 CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS

ESTIMATED BURDEN TIME: 45 min

1.2 Middle Name N0000537996 Gender: Hangzhou CHINA CHINA J-2 Dependent Legal Permanent Residence Country Code: Legal Permanent Residence Country 214 UNIVERSITY GRADUATE STUDENTS U.S. Address: Virginia Tech Blacksburg, VA 24061 L.1 First Nam L1 Middle Nam P-1-00071 Virginia Polytechnic Institute and State University PROFESSOR: RESEARCH SCHOLAR: SHORT-TERM SCHOLAR; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE: STHERNT MASTERS: STHERNT NON-BEGERE Purpose of this form: OTHER Initial printing 3. Form Covers Period: Exchange Visitor Category PESEARCH SCHOLAR From (mm-dd-yyyy): 04-24-2003 Subject/Field Code Subject/Field Code Description: Electrical, Electronics and Communications To (mm-dd-yyyy): 08-15-2003 14.1001 5. During the period covered by this form, the total estimated financial support(in U.S. \$) is to be provided to the exchange visitor by: Current Program Sponsor funds : \$16,600.00 Personal funds : \$4,000.00 Total : \$20,600.00

6.	U.S. DEPARTMENT OF STATE / INS USE OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STAT
	(INCLUDE DATE).

Ruth Athanson	Alternate Responsible Officer
Name of Official Preparing Form	Title
Graduate School 0325	

Blacksburg, VA 24061

Date (mm-dd-vyyy) of Signature

TRAVEL VALIDATION BY RESPONSIBLE OFFICER

(Maximum validation period is one year\*) \*EXCEPT: Maximum validation period is up to six months for Short-term Sobolars and four months for Camp Counselors and Summer Travel/Work.

Date (mm-dd-yyyy)

Signature of Responsible Officer or Alternate Responsible Officer

(1) Exchange Visitor is in good standing at the present time

540-231-9561

8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM)

	se program specified in item 2 is necess	ary or highly desirable	and is in conformity with	the objectives of the Mutual	Educational and Cultural	Exchange Act of 1961, as amend
Signature of Responsible Officer or Alternate Responsible Officer						

PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484. AS AMENDED(see item 1(a) of page 2).

Not subject to the two-year residence requirement

Government financing and/or

B. The Exchange Visitor Skills List and/or

C. PL 94-484 as amended

(ALL USAID PARTICIPANTS G-2-0263 AND ALL ALIEN

PHYSICIANS SPONSORED BY P-3-4510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)

> Signature of Responsible Officer or Alternate Responsible Officer (2) Exchange Visitor is in good standing at the present time

Date (mm-dd-vyyy)

Date (mm-dd-yyyy) Signature of Consular or Immigration Officer THE U. S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (4).

EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document

Virginia Tech Signature of Applicant

DS-2019 (formerly LAP-66)

## **1-94** Card

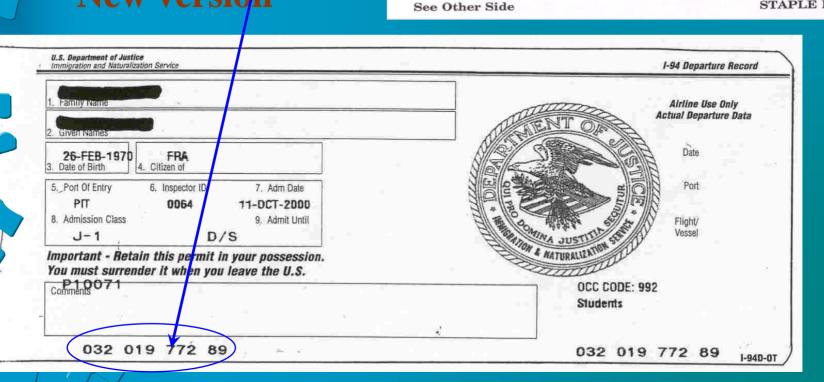
**Old version** 

**Admission number to** enter in Section 1

#### New version

Departure Number		
981747150		
Improgration and	060 C AUG	1 0 2000
Naturalization Service		XI
Departure Record	ADMITTE	
14. Family Name	4 1 1 1	
15. First (Given) Name		16. Birth Date (Day/Mo/Yr)
17. Country of Citizenship  INDITAL		Li

STAPLE HERE



## Form I-9

From I-20, DS-2019, etc.

Use the passport page (not the VISA page)

Use I-94

#### U.S. Department of Justice Immigration and Naturalization Service

OMB No. 1115-0136 Employment Eligibility Verification

Please read instructions carefully before completing this form. The Instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE. It is Illegal to discriminate against work eligible individuals. Employers CANNOT date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be com-	nployee Information and Verification. To be completed and signed by employee at the time employment beginned by the street of the signed by employee at the time employment beginning to the signed by employee at the time employment beginning to the signed by employee at the time employment beginning to the signed by employee at the time employment beginning to the signed by employee at the time employment beginning to the signed by employee at the time employment beginning to the signed by employee at the time employment beginning to the signed by employee at the time employment beginning to the signed by employee at the time employment beginning to the signed by employee at the time employment beginning to the signed by employee at the time employment beginning to the signed by employee at the time employment beginning to the signed by employee at the signed by em	
_	Middle Initial	Maiden Name
EXAMPLE FOREIGN NA	TONAL	
Address (Street Name and Number)	Apt. #	Date of Birth (month/day/year)
201 FAONTIER Rd	3	06/15/19/0
City State	Zip code	06/15/1969   Social Security #
Blacksburg VA	24060	123-45-6789
I am aware that federal law provides for imprisonment	I attact under negative of	perjury, that I am (Check one of the
and/or fines for false statements or use of false documents in connection with the completion of this	following):	
form.		al of the United States
	An alien authorized	nt Resident (Alien # A
	(alien # Or Admis	d to work until 081 /2 /2003 sion # 981747/50 07
Employee's Signature  Foreign N Example		Date (month/day/year)
		0/11/00
Preparer and/or Translator Certification. (To be con	npleted and signed if Section	
than the employee.) I attest, under penalty of perjury, the of my knowledge the information is true and correct.	at I have assisted in the cor	mpletion of this form and that to the best
Preparer's/Translator's Signature	Print Name	
	U Participation and the second second	
Address (Street Name and Number, City, State, Zip Code		Date (Month/day/year)
Section 2. Employer Review and Verification. To be completed and document form List B and one from List C as listed on the reverse of this form and	signed by employer Evamina	
	The state of the s	one document from List A Or examine one piration date, if any, of the document(s)
Document title: PASSPOR+	t B And	List C
0		
Issuing authority:		
Document#: 9// 22 33 445		
Expiration Date (if any): 07/01/2006		
Document#: 981747150 07		_'_'
10000		
Expiration Date (If any):/ Di 5		
CERTIFICATION - I attest, under penalty of perjury, that I have employee, that the above-listed document(s) appear to be gen	e examined the docume	ent/s) presented by the share same
employee, that the above-listed document(s) appear to be gen began employment on (month/day year) 08/ 25/00 and work in the United States. (State employment agencies may om Signature of Employer or Authodzed Representative	uine and to relate to the	employee named, that the employee
work in the United States. (State employment agencies may or	that to the best of my l	knowledge the employee is eligible to
A Tech Centroller's Office (0339) 3/10/2005	HA MILLIFAT	TAX SPECIALIST
Business or Organization Name Address (Street Name and Numi	ber, City, State, Zip code)	Date (Month/day/year)
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eligibility.	nation below for the document th	hat establishes current employment
		Expiration Date (if any)://
Document Title:Document #:		
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# You can only employ those with authorization to work for your company

- H-1B Specialty Occupation and,
- O-1 Persons of extraordinary ability Provided they have an unexpired Form I-797A for your company
- TN NAFTA (for citizens of Canada and Mexico), your company name must be listed on the I-94 card.
- Others who have an unexpired Employment Authorization Card (EAD). EADs for Optional Practical Training have restrictions regarding field of study and degree requirements.

#### Notice of Action

SANTE TO STANTE OF SECTION OF SECTION NUMBER OF SECTION	CASEATYPE T129
EAC-08-245-52586/	PETITION FOR A NONIMMIGRANT WORKER
September 12, 200 FRIORITY DATE	PETITIONER / / / / / / / / / / / / / / / / / / /
NOTICE DATE	VIRGINIA DEPARTMENT OF BENEFICIARY
September 20, 200 1 of 1	
D MICHAEL KHOSŁA ATTORNEY	Notice Type: Approval Notice
MICHAEL KHOSLA & ASSOCIATES P C	Class Him 10/01/2005/to 09/30/2008
11123 MONTGOMERY ROAD SUITE 202/	
CINCINNATI OH 45249	
the above petition and change of status have been ap	proved the status of the named foreign worker (s) in this
he petition and for the period authorized Any cha	prove the tracus of the named foreign worker to in this cign of the petitioner, but only as detailed in now petition. The province the petition of the petition of the following the second of the petition.
lease contact the LWS with any questions about tax	eigheography cap work for the petitioner, but only as detailed in new history requires/a new petition; since this employment required authorization documentation is not required.
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#### Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

ratare expiration date may also constitute megarate	Cililination.	
Section 1. Employee Information and Verification. To b	e completed and signed by er	nployee at the time employment begins.
Print Name: Last SAMPLE First H1B	Middle Init	ial Maiden Name
Address (Street Name and Number)	Apt. #	Date of Birth (month/day/year)
City State	Zip Code	Social Security #
RICHMOND VA	2323	3 123-44-5566
I am aware that federal law provides for	_	rjury, that I am (check one of the following):
imprisonment and/or fines for false statements or		of the United States
use of false documents in connection with the		t Resident (Alien #) A
completion of this form.	An alien authorized	to work until 9/30/08
	(Alien # or Admissio	n#) <u>069375231 10</u>
Employee's Signature 1418 Sample		Date (month/day/year)
Preparer and/or Translator Certification. (To be other than the employee.) I attest, under penalty of perjury, to finy knowledge the information is true and correct.	e completed and signed if Sec hat I have assisted in the com	tion 1 is prepared by a person pletion of this form and that to the best
Preparer's/Translator's Signature	Print Name	
Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
Section 2. Employer Review and Verification. To be com xamine one document from List B and one from List C, as listed on ny, of the document(s).	pleted and signed by emplo n the reverse of this form, ar	yer. Examine one document from List A OR nd record the title, number and expiration date, if
List A OR	List B	AND List C
Document title: $PHSSPORT$ Assuing authority: $INDIA$ Document #: $9//3233485$ Expiration Date (if any): $7/01/3010$ Document #: $106937523110$ Expiration Date (if any): $10888888888888888888888888888888888888$		
ERTIFICATION - lattest, under penalty of perjury, that I have	e examined the documer	t(s) presented by the above-named
imployee, that the above-listed document(s) appear to be go	enuine and to relate to th	e employee named, that the
employee began employment on <i>(month/day/year) <u>08///</u></i> s eligible to work in the United States. (State employment a	gencies may omit the da	est of my knowledge the employee
signature of Employer or Authorized Representative Print Name		Title
grature of Employer of Authorized Representative   Frint Name		1 Itte
your Mame 400	IR NAME	YOUR TITLE
	Number, City, State, Zip Code	YOUR TITLE  Date (month/day/year)
	Namber, City, State, Zip Code	your TITLE  Date (month/day/year)  OS/16/06
Business or Organization Name Address (Street Name and	Number, City, State, Zip Code	Date (month/day/year) 08/16/06
Business or Organization Name Address (Street Name and Department JOI)  Section 3. Updating and Reverification. To be completed as	Number, City, State, Zip Code Worth 14th Richne nd signed by employer.	Date (month/day/year) 08/16/06
Business or Organization Name  Address (Street Name and Name Control of the Completed at Name (if applicable)  Address (Street Name and Name and Name (Street Name and Nam	Number, City, State, Zip Code North 14 <sup>th</sup> Richne nd signed by employer.	Date (month/day/year)  8. Date of Rehire (month/day/year) (if applicable)
Section 3. Updating and Reverification. To be completed at New Name (if applicable)  2. If employee's previous grant of work authorization has expired, provide eligibility	Number, City, State, Zip Code North 14 <sup>th</sup> Richne nd signed by employer.	Date (month/day/year)  8. Date of Rehire (month/day/year) (if applicable)
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## **Employment Authorization Card (EAD)**

NOTE: Cards with "Optional Practical Training" listed under "Terms and Conditions" have restrictions regarding field of study and degree requirements

In May 1995, some INS offices began issuing a modified I-688B. The most significant change was to the card stock which was changed from the Polaroid process to a synthetic material called Teslin on which the biometric and biographic data of the bearer are printed. Note that on this version, the name is printed on two lines.



Form I-688B (May 1995)

In August 1995 changes were made to the software which prints the I-688Bs and the name reverted to the one line format similar to the original card.



Form I-688B (August 1995)

In January 1997, INS began issuing a new Employment Authorization Document, Form I-766. The new card is a credit card type of document. The front of the card contains a photo, fingerprint and signature of the rightful holder. The reverse contains a standard bar code, magnetic strip and a two-dimensional bar code which will contain unique card, biographic and biometric data.







Department of Homeland Security
U.S. Citizenship and Immigration Services

#### OMB No. 1615-0047; Expires 03/31/07

#### **Employment Eligibility Verification**

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. <b>T</b>	o be completed and signed by	employee at the time employment begins.	
Print Name: Last First ADAr	Middle II	nitial Maiden Name	
Address (Street Name and Number)	Apt. #	Date of Birth (month/day/year)	
State RICHMOND VA	Zip Code ス 3 ス ユ	Social Security #	3 3
am aware that federal law provides for	I attest, under penalty of	perjury, that I am (check one of the following	ng):
imprisonment and/or fines for false statements or		al of the United States	
use of false documents in connection with the		ent Resident (Alien #) A	
completion of this form.	An alien authorize	3/10/16	
	(Alien # or Admiss	ion#) <u># 123456789</u>	
Employee's Signature adom Smith	R	Date (month/day/year)	
Preparer and/or Translator Certification. (To other than the employee.) I attest, under penalty of perjury of my knowledge the information is true and correct.	be completed and signed if Se y, that I have assisted in the co	action 1 is prepared by a person impletion of this form and that to the best	
Preparer's/Translator's Signature	Print Name		_
Address (Street Name and Number, City, State, Zip Code	)	Date (month/day/year)	_
ssuing authority: Det of Justice  Cocument #: EAC 96000 5000 7			
Expiration Date (if any): 5/13/96			
Document #:			
Expiration Date (if any):			
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s eligible to work in the United States. (State employment	t agencies may omit the d	ate the employee began employme	nt.)
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	YOUR NAME		
	and Number, City, State, Zip Co		
OUR AGENCY YOUR ADDRESS		2/15/96	
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. New Name (if applicable)		B. Date of Rehire (month/day/year) (if ap	plicable)
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attest, under penalty of perjury, that to the best of my knowledg resented document(s), the document(s) I have examined appear	ge, this employee is eligible to	work in the United States, and if the er	mployee
ignature of Employer or Authorized Representative	grand and an investment	Date (month/day/year)	
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 F-2 Visa holder. Which is the spouse or child of an F-1 student

J-2 visa holder that does not have an EAD card.

Most other visa types

If you hire someone that is not legal and they work, you must pay them to avoid also violating Labor Laws. Be sure to fully tax and issue a W2 form.

## Review Summary Section 1. Employee Information and Verification

- To be completed and signed by employee **prior to** or **on the first day** of work.
- Check only one box.
- Complete all fields.
- Alien number is listed on their EAD card.
- Admission number comes from their I-94 card.

### Section 2. Employer Review and Verification

- Must be completed <u>before</u> or <u>within 3 business days</u> of hire date
- Examine one document from List A OR
   examine one document from List B and one from List C.
   No more, no less. Doing more can result in being fined for harassment.
- F1, J1, H1-B, and O-1 visa holders will usually present their passport and I-94.
- Use the first day of actual work as the employment begin date in the "CERTIFICATION" section.

## Receipts

• If the employee cannot present the necessary documents for Section 2 within 3 days, they must present a receipt for the application for the documents within 3 days. They then have 90 days from date of hire to present the actual documents.



## Section 3. Updating and Reverification

- For aliens with a work ending date in Section 1:
  - Track the work ending date and ensure that employment is either terminated at that time or a new I9 is completed for the renewed work authorization.
- Reverifications (Section 3 C) and name changes
   (Section 3 A) are done in this section.



## Who should sign the I-9?

I attest, under penalty of perjury, that...
the above-listed document(s) appear to be
genuine and to relate to the employee
named...

Whoever saw the original documents and the employee should sign the I-9.

## **Penalties for Prohibited Practices**

- Fine of not less than \$100 and not more than \$1,000 for each employee for whom the Form I-9 was not properly completed, retained and/or made available for inspection.
- Fines up to \$3,000 per employee and/or 6 months imprisonment for knowingly hiring or continuing to employ unauthorized aliens.
- Unlawful discrimination: \$250-\$10,000 fine
- In some cases they are charging managers with felonies.



- Also, cannot refuse to honor documents which on their face reasonably appear to be genuine and to relate to the person presenting them.
- The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

## **Avoid Common Errors**

If you enter any data in Section 1, be sure to complete the preparer certification

Complete list A using the passport page, do not use the visa page.

Do not leave the citizenship field blank.

Use an updated 19 form.

Be sure to enter the employment begin date.

<u>Do not</u> use copies or faxes to complete the I-9, use original documents only.

Have the employee complete Section 1 before or on the first day of employment.

Track expiration dates and be sure to reverify or terminate.

Do not use more documents than are required.

Do not use SS cards that have any wording other than the employee's name on it.

**Do not back date** (they are now using forensics to test the age of the ink!)



## **Avoid Common Errors**

- To avoid **discrimination** penalties in an USCIS audit, <u>do not</u> keep copies of the I9 in the personnel files. File separately from all else.
- Retain I-9's for **all active** employees. Purge and destroy I-9's for terminated employees as follows: "retain completed I-9's for three (3) years after the date of hire or one (1) year after the date employment ends, **whichever is later**."

If you have incorrect I-9's on file that could have been destroyed, but weren't, you can still be fined in an USCIS audit.

## Correcting Errors

- Draw a single line through incorrect information
- Do not use white out or obliterate
- Write missing information or correct information nearby
- Date and initial by person making the correction
- Never back date



Questions?

Contact information:

Martha Laster

martha.laster@doa.virginia.gov

804-225-2382

Thank you for attending!